

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						31							
2		1					32							
3		1					33							
4		1					34							
5		4					35							
6		1					36							
7	1						37							
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15		1					45							
16		1					46							
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19		1					49							
20		1					50							
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48														
49														
50														
TOTAL IND.	14						TOTAL IND.							
TOTAL DEP.	30						TOTAL DEP.							
TOTAL CLAIMS	34						TOTAL CLAIMS							